

# ● PRINTER RUSH ●

(PTO ASSISTANCE)

Application : 09/843930 Examiner : Sones GAU : 2128

From: PAP Location: (IDC) FMF FDC Date: 8/24/05

Tracking #: EPM 09/843930 Week Date: 8/15/05

DOC CODE	DOC DATE	MISCELLANEOUS
<input type="checkbox"/> 1449	_____	<input type="checkbox"/> Continuing Data
<input type="checkbox"/> IDS	_____	<input type="checkbox"/> Foreign Priority
<input checked="" type="checkbox"/> CLM	<u>8/12/05</u>	<input type="checkbox"/> Document Legibility
<input checked="" type="checkbox"/> HFW	<u>8/2/05</u>	<input type="checkbox"/> Fees
<input type="checkbox"/> SRFW	_____	<input type="checkbox"/> Other
<input type="checkbox"/> DRW	_____	
<input type="checkbox"/> OATH	_____	
<input type="checkbox"/> 312	_____	
<input type="checkbox"/> SPEC	_____	

[RUSH] MESSAGE: Renumbered claims 11, 12, 13, 17 (original claims 12, 13, 14, 18) depend on cancelled original claim 11. Please advise.

Thank you.

[XRUSH] RESPONSE: \_\_\_\_\_

**INITIALS:**

NOTE: This form will be included as part of the official USPTO record, with the Response document coded as XRUSH.

REV 10/04